F r Utility/D sign CIP/PCT Nati nal Original/Substitut / **Supplemental**

(2) Inventor's Signature:

Post Office Address:

Full Name:

Residence:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

Rule 53(b) (37 C.F.R. § 1.53(b)) **COMBINED DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject

No.: <u>01-43</u>

Atty. Docket

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **Declarations**

matter which is claimed and for which a patent is sought on the invention entitled:									
PULSE OXIMETRY SENSOR AND DISPENSING METHOD									
the specification of which (Check applicable Box(es)): Solid is attached hereto, as U.S. Applin. No.:									
I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application.									
Prior Foreign Applicati	on(s)	Filed	Date First Laid Open	Dated Patented or	Priority Claimed				
Number(s)	Country	(MM/DD/YY)	or Published	Granted	Yes No				
		<u></u>							
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.									
Number(s) Filing Date (MM/DD/YY)									
60/322,724		09/17/01	7/01						
I hereby claim domestic priority benefit under 35 U.S.C. § 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:									
Application Number		Filing Date (MM/DD/YY)		Status (patented, pending, abandoned)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
And I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: Michael W. Haas, Reg. No. 35,174									
Address all correspondence to Customer Number:			30031 PATENT TRADEMARK OFFICE						
(1) Inventor's Signature	Juni	Date: 9/11/02	•						
(1) Inventor's Signature: Full Name: Brian M. Fudge				Citizenship: U.S.A.					
			State: Connecticut	Country: U.S.A.					
Post Office Address: 169 Country Club, Middletown, Connecticut, 16457									

(Additional inventors are being named on the supplemental additional inventor(s) sheet(s) RI-116-2 attached hereto)

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Wallingford

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Country:

State:

Connecticut

Citizenship:

Attorney Docket No.: <u>01-43</u>
Title: <u>PULSE OXIMETRY SENSOR AND DISPENSING METHOD</u>

DECLARATION AND POWER OF ATTORNEY

(Continued) ADDITIONAL INVENTORS

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Residence:	City:	State:		Country:
Post Office Address:				
(5) Inventor's Signature:			Date:	
Full Name:			Citizenship:	
Residence:	City:	State:		Country:
Post Office Address:				
(6) Inventor's Signature:			Date:	
Full Name:			Citizenship:	
Residence:	City:	State:		Country:
Post Office Address:				
(7) Inventor's Signature:		·	Date:	
Full Name:			Citizenship:	
Residence:	City:	State:		Country:
Post Office Address:				
(8) Inventor's Signature:			Date:	
Full Name:			Citizenship:	
Residence:	City:	State:		Country:
Post Office Address:	· · · · · · · · · · · · · · · · · · ·			
(9) Inventor's Signature:		4	Date:	
Full Name:			Citizenship:	
Residence:	City:	State:		Country:
Post Office Address:				